



274123

FINANCIAL STATUS REPORT

(Follow instructions on the back)

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)

Michigan Department of Natural Resources
Office of Budget and Federal Aid
P.O. Box 30028
Lansing, MI 48909

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT
U.S. Environmental Protection Agency, St
Programs & Information Unit, Chicago, IL

4. EMPLOYER IDENTIFICATION NUMBER

38-0000134

5. RECIPIENT

8. PROJECT/GRANT PERIOD (See instructions)

FROM (Month, day, year)
6/1/87

TO (Month, day, year)
5/31

10. STATUS OF FUNDS				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a) Personnel	(b) Fringes	(c) Travel	(d) Supp
a. Net outlays previously reported	\$ 6,835	\$ 1,760	\$	\$ 1
b. Total outlays this report period	4,756	827	383	19
c. Less: Program income credits				
d. Net outlays this report period (Line b minus line c)	4,756	827	383	1
e. Net outlays to date (Line a plus line d)	11,591	2,587	383	2
f. Less: Non-Federal share of outlays				
g. Total Federal share of outlays (Line e minus line f)	11,591	2,587	383	2
h. Total unliquidated obligations				
i. Less: Non-Federal share of unliquidated obligations shown on line h				
j. Federal share of unliquidated obligations				
k. Total Federal share of outlays and unliquidated obligations	11,591	2,587	383	2
l. Total cumulative amount of Federal funds authorized	85,631	26,717	16,475	5,0
m. Unobligated balance of Federal funds	74,040	24,130	16,092	4,7

11. INDIRECT EXPENSE

a. TYPE OF RATE

(Place "X" in appropriate box)

☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE

20.94

c. BASE

Pers/Fringe

d. TOTAL AMOUNT

2,923


e. FEDERAL SHARE

2,923

13. CERTIFICATION

I certify to the best of my knowl
ief that this report is correct and
that all outlays and unliquidate
are for the purposes set forth
documents.

12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED Environmental Protection Agency, State ams & Information Unit, Chicago, IL 60604		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER /TPA08FLIC V005934-01 Bronson		OMB Approved No. 80-R0180		PAGE 1 OF 1 PAGES	
IDENTIFICATION NUMBER 00134		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER		6. FINAL REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. BASIS <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
PROJECT/GRANT PERIOD (See instructions)				9. PERIOD COVERED BY THIS REPORT			
day, year) 7		TO (Month, day, year) 5/31/89		FROM (Month, day, year) 7/01/88		TO (Month, day, year) 9/30/88	
STATUS OF FUNDS							
es	(c) Travel	(d) Supplies	(e) Contractual	(f) Other/Indirect	TOTAL (g)		
0	\$	\$ 14	\$	\$ 12/1,754	\$ 10,375		
7	383	194	5,128	12/1,169	12,469		
			27		27		
7	383	194	5,101	12/1,169	12,442		
7	383	208	5,101	24/2,923	22,817		
7	383	208	5,101	24/2,923	22,817		
			560,517	560/	561,077		
	383	208	565,618	584/2,923	583,894		
7	16,475	5,000	570,673	25,000/20,504	750,000		
0	16,092	4,792	5,055	24,416/17,581	166,106		
FINAL <input type="checkbox"/> FIXED FEDERAL SHARE ,923 ncy in compliance with			13. CERTIFICATION I certify to the best of my knowledge and be- lief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  TYPED OR PRINTED NAME AND TITLE Donna J. Holey Federal Aid Coordinator		DATE REPORT SUBMITTED 12/14/88 TELEPHONE (Area code, number and extension) 517-373-1750